

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Michael J. Czaplicki

Application No.: 10/718,509

Group No.: 3754

Filed: 11/20/2003

Examiner: P.F. Brinson

For: BLADDER SYSTEM FOR REINFORCING A PORTION OF A LONGITUDINAL  
STRUCTURE

**Mail Stop Amendment**

**Commissioner for Patents**

**P.O. Box 1450**

**Alexandria, VA 22313-1450**

**AMENDMENT TRANSMITTAL**

1. Transmitted herewith is an amendment for this application.

**STATUS**

2. Applicant is other than a small entity.

**EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

**CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. section 1.8(a))**

I hereby certify that, on the date shown below, this correspondence is being sent via EFS to USPTO.GOV:

Date:

3/24/09

Signature

Michelle Best

Michelle Best

(type or print name of person certifying)

#### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

|   | (Col. 1)                                  |     | (Col. 2)                              |   | (Col. 3)         |   | OTHER THAN A SMALL ENTITY |                     |               |         |
|---|---|-----|---------------------------------------|---|------------------|---|---------------------------|---------------------|---------------|---------|
|   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |     | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR |   | PRESENT<br>EXTRA |   | RATE                      |                     | ADDIT.<br>FEE |         |
| TOTAL                                     | 33  | --  | 45                                    | = | 0                | x | \$ 50.00                  | =                   | \$            | 50.00   |
| INDEP.                                    | 3   | --- | 8                                     | = | 0                | x | \$ 200.00                 | =                   | \$            | 0.00    |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |   |     |                                       |   |                  |   | +                         | \$ 0.00             | =             | \$ 0.00 |
|   |   |     |                                       |   |                  |   |                           | TOTAL<br>ADDIT. FEE | \$            | 0.00    |

#### FEE PAYMENT

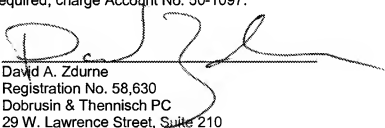
5. Charge any additional fees required by this paper or credit any overpayment to Deposit Account No. 50-1097.

#### FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 50-1097.

If an additional fee for claims is required, charge Account No. 50-1097.

Date: 3/24/09

  
David A. Zdurne  
Registration No. 58,630  
Dobrusin & Thennisch PC  
29 W. Lawrence Street, Suite 210  
Pontiac, MI 48342  
248-292-2920  
Customer No. 25215